

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 15.5
TITLE: NURSING HOME VISITS

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(iii)

TRICARE POLICY MANUAL: Chapter 1, Section 6.2

I. EFFECTIVE DATE

April 15, 1992

II. PROCEDURE CODE(S)

A. 99301-99333

B. Effective January 1, 1992, the American Medical Association Current Procedural Terminology (CPT) evaluation and management service codes (i.e., visit codes) were revised. The former CPT 90000 series codes were replaced by a new CPT 99000 series. These new codes were adopted for CHAMPVA claims processing for claims submitted on or after January 1, 1992.

III. POLICY

A. Visits by an individual professional provider to patients in nursing homes are covered if either of the following conditions are met:

1. the visit is medically necessary for the diagnosis and treatment of a specific illness or injury; or
2. if it has been determined that the patient is receiving custodial care, occasional physician monitoring, as well as some skilled nursing services, a visit may be required. In such situations, benefits may be extended for up to twelve physician visits per calendar year (not to exceed one per month) and for visiting nurse services not to exceed one hour per day in any day in which skilled nursing services are rendered.

B. The level of nursing home services is based on the:

1. approach and detail of the medical history;

2. extent of the examination;
 3. complexity of the decision making process; and
 4. severity of the presenting problem.
- C. Typical times have not yet been established for this category of service.

END OF POLICY